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[Early Adolescence and its Consequences](#)

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On a recent radio talk show the focus of discussion was on efforts being made by a local school board to revise and revamp education at the junior high school level.

“Anything they can do for those kids would be a bonanza,” the host remarked. “Everyone knows that junior high school is the worst time of one's life.”

Perhaps because for many individuals it is, if not the worst time of their lives, surely a close runner-up, early adolescence is arguably the period in development that is most neglected in clinical work. It is often said (Blos 1962) that all of adolescence claims that distinction. While it is undoubtedly true that when the adolescent period has been an emotionally disruptive and painful one memories of those years may be kept under strong repression and may not be readily accessible in treatment, in not a few cases they surface spontaneously and quite readily in the patient's associations. For many individuals, in fact, middle and late adolescence are times that are quite accessible to memory and, not infrequently, they become the focus of much useful work in analysis. These years are among the most intensely experienced and well-remembered times of life (Spigle 1958). It is to them that first loves and other great sorrows belong. These are the years of great feats of athletic and intellectual prowess, of initial and highly charged sexual experiences, and of profound friendships. These are primarily the high school years that, one way or another, leave their mark on the personality and are emblazoned in memory. Not a few individuals have difficulty moving beyond those years; their personalities retain many of the features of adolescence. Citing the many films, novels, and plays that turn with nostalgia or bittersweet memories to this period, one pundit asked if there really is any life beyond high school.

In a short story entitled “The Eighty Yard Run,” the author, Irwin Shaw, captures the remarkable hold that memories of late adolescence have on some individuals and how idealization of that period may develop in response to,

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and as a means of compensating for, the diminished sense of self that not infrequently accompanies the disappointments and frustrations experienced in later life.

The story concerns a salesman whose work brings him back to the town in which he grew up. With a few hours to fill one afternoon, he walks over to his old high school and onto the football field, the scene of his greatest triumphs as a star halfback on a state championship team. As he stands on the field, memories come flooding back; memories of those heady days that contrast sharply with his view of his current life as drab, pedestrian, and uninspired. Then, suddenly, spontaneously, he begins to trot, picks up speed, cuts sharply to evade tacklers, heads for the sidelines, and races into the end zone, scoring standing up and repeating the greatest feat of his career, a record-breaking 80-yard run for a touchdown.

Memories of early adolescence, the junior high school years, are rarely valued in the same way. This is a time of much bodily rearrangement, of awkwardness, of disproportions, of frightening sexual maturation, of pimples, and of new and untried feelings. Nothing is set. Nothing is solid. Everything is flux and change. Heterosexual and homosexual feelings compete with one another, and crushes on members of both sexes are not uncommon. Uncertainties about who one is and who one will become abound. Cattiness, fickleness, and shifting loyalties are the rule. At school one may be “in” one day and “out” the next. It is a time of much growth, but also a time of much confusion. Experiments with drugs, alcohol, and sex often take place, and antisocial acts of one kind or another—acts that in later life often cause their perpetrators to shudder in embarrassment—are not uncommon. There is much in these years that one is only too glad to forget. Once past this awkward, and often trying, period, few people wish to—or are willing to—look back.

In analysis it is this period, rather than later adolescence, that all too often receives scant attention. Even in the treatment of young adults and older adolescents, individuals who are not many years removed from the early teen experiences, recovery of them may prove difficult. In fact, young people, even more than older individuals, do not want to look back. They are too close to the scene, too close to the pain, the awkwardness, and the humiliation of those years to want to remember them (Isay 1975).

While repression of memories of early adolescence is maintained with more or less intensity throughout life, their influence on character formation,

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and especially on the self-representation, which not infrequently is colored in significant ways by fantasies formed and images of the body developed in the early adolescent period, is considerable (Feigelson 1976). Most often, however, this influence remains outside of awareness, screened behind memories of later adolescence and young adulthood (Kris 1956).

Such was the case with Ms. C., a former cabaret performer who sought treatment in midlife because of persistent feelings of depression and inadequacy. Ms. C.'s history was a chaotic one. Her parents divorced when she was 5, her mother was a heavy drinker who not infrequently withdrew into an alcoholic haze, and, following the divorce, the father essentially abandoned the family. By the age of 15, Ms. C. was on her own.

Already a talented performer, Ms. C. entered show business and began a life of travel and adventure. At least that is what she told herself, and stories compatible with that perception became woven into a personal myth about those years.

In fact, Ms. C.'s existence was quite miserable. Playing two-bit clubs in the most forgettable towns along both coasts, her life was a series of unhappy encounters with coarse patrons, unscrupulous nightclub owners, and self-serving agents. To this existence was added endless nights in drab hotel rooms, barely edible food, and a long string of disappointing, and often heartbreaking, love affairs. It is no wonder then that Ms. C. had a need to forget these experiences and to weave around them a series of fantasies that substituted the lights, color, and magic of show business for the gray dinginess that pervaded her life.

Although my patient had given little thought to these adolescent years since having left them behind her, once she was in analysis memories of them came flooding back. She remembered names, faces, and events in exquisite detail, surprising herself both by the vividness of her memories and by the fact that, after thirty-five years, she had such full recall.

The emergence of this material, powered by the evocative quality of the analytic situation, and particularly by the transference, was of the greatest importance in Ms. C.'s treatment. Many of these experiences were of a traumatic kind and had profound and enduring effects on the self-image of a youngster who, although looking and behaving years older, was in fact a frightened and emotionally fragile adolescent. Particularly important were the recovery of memories of certain perverse sexual experiences occurring in the context of

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transient relationships, and of a long-forgotten period of illness mistakenly thought to be due to a sexually transmitted disease. These developments, magnified and distorted as they had been by ignorance and immaturity, had led to much self-disparagement and to the fantasy that Ms. C. was permanently damaged. Their revival and corrective reevaluation through analysis helped free her from the very heavy burden of guilt that for years had troubled her without her being able to identify the source of those feelings.

It was possible, I believe, for this patient to gain ready access to these adolescent memories for several reasons. Most important, perhaps, was the fact that the traumatic experiences of her youth had never been worked through or properly understood. They constituted unfinished business, as it were; a powerful force in the unconscious that put pressure on her and led to the development of a variety of symptoms. Also important, however, was the fact that Ms. C. had reached a point in her life at which these memories, for years a source of pain, could be put in better perspective. The reality of her age, her personal and professional success, and her growing appreciation of the importance of self-exploration combined to produce in her a desire to dispel once and for all the nameless ghosts that haunted her. The fact, too, that the adolescent experiences, painful as they were, did not connect in any immediate way with her current problems, helped in their recovery. They could be viewed as belonging to another time and another age, one remote from the preoccupations of the moment.

This was not true of another aspect of Ms. C.'s adolescence—its earliest phase. The anxieties of this period resonated with those of the present, and by means of the unconscious connections between them, gave special power to these present-day concerns.

It was from an unexpected source that clues to the importance of this early period of adolescence came. When she first began analysis, Ms. C. was not yet menopausal, but approximately 18 months later, beginning symptoms of menopause appeared. With them came not only feelings of anxiety and discomfort, but associations to that time of puberty when Ms. C. had her menarche. Unconsciously, menarche and menopause were linked through a train of associations regarding bodily sensations that led to particular affects that they shared. Shame, fear, and guilt were perhaps the most prominent of these. The irregularity of her periods and the uncertainty about their appearance that now, as an older woman, Ms. C. had to

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contend with, put her in touch with a phase of life that, though of the greatest importance in her psychological development, had not surfaced in the initial memories of adolescence.

As a teenager, my patient was quite late in getting her period. It did not appear until she was more than 15 and, when it did, it was scanty and irregular. Though outwardly attractive, mature-looking for her age, and in other ways sexually developed, the girl felt herself to be a freak. She worried that there was something seriously wrong with her and that she was somehow damaged, but she refused to see a doctor and run the risk that her worst fears would be confirmed.

As a young adolescent, Ms. C. had had some sexual experiences with older boys and she worried that these had caused her not to menstruate. She had also developed crushes on several older women performers and, still retaining something of a tomboy quality in her early teens, was concerned that she might be gay. Her failure to have periods when all her friends had gotten theirs much earlier became, in her mind, proof that she was not a normal female, but had a secretly masculine nature.

As a menopausal woman, Ms. C. once again felt insecure about her appearance. With the loss of her periods, she felt old, unattractive and not very feminine. She was concerned about changes in skin, hair, and nails, and she worried that with the end of menstruation she would dry up. She imagined becoming like Li'l Abner's Mammy Yokum or the prune-faced witches of innumerable fairy tales.

Clearly associated with the physiological changes that were taking place, these fantasies were nevertheless new editions of old fears. As they surfaced, they brought with them memories of the time in early adolescence when, still without her period, Ms. C. felt herself to be dry, ugly, and unappealing. Her sense of herself as damaged had been increased by the fact that as a young teenager Ms. C. experienced strong sexual urges and turned for relief to masturbation. This activity produced troublesome feelings of guilt and shame, as well as the idea that the coarseness of the girl's skin and the acne that tormented her were the consequences of her evil habit. Ms. C.'s experiences with early adolescent masturbation were also important because of the bisexual fantasies that regularly accompanied them. These worried her a great deal and increased her fears

of homosexuality. The material concerning masturbation, not previously accessible in analysis, became so as a consequence of

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the changes in sexual feelings that Ms. C. experienced during the menopause. Troubled by an increase in libido, she struggled anew with a temptation to masturbate, and this conflict opened the pathways to memories of a period in her life when such struggles were a daily torment.

For the first time in many years, Ms. C. now became concerned about pregnancy. With menstruation irregular she no longer knew when she was fertile. This anxiety, like the others I have mentioned, was a familiar one and had been the focus of distress in early adolescence. Ms. C. had become sexually active before the onset of her menarche, and assuming she could not become pregnant, used no contraception. However, she could never be certain whether the delay in her periods signified true infertility or whether the problem stemmed from some other source.

As a result, she was constantly worried about becoming pregnant. Even when she began to menstruate, the irregularity of her periods and their unpredictable appearance made it impossible to know when conception could take place.

This problem was aggravated by the girl's attitude toward pregnancy. On one hand, she desperately wished to become pregnant as proof that she was truly female and as evidence that she could accept her femininity. On the other, she was terrified of the bodily changes that accompany pregnancy and dreaded the thought of caring for a helpless infant. A similar conflict arose during menopause. Feeling more unattractive and less feminine than she had since the early teen years, Ms. C. once again sought reassurance through the fantasy of becoming pregnant. Never comfortable with motherhood, this idea also made her extremely anxious. An old struggle ensued and, interestingly enough, many of the dreams it gave rise to were set in early adolescence. And it was through the analysis of these current, but resonant, dreams, as well as through the understanding of related memories and fantasies, that this critically important time in Ms. C.'s life, so long buried, could be unearthed.

What made the conflicts of early adolescence so influential in this case was their connection with my patient's experiences and fantasies of early childhood. Living in a home in which there was little maternal care and which her father deserted, Ms. C. felt unloved and unwanted. She regarded herself as a burden, a child who should not have been born, and her self-loathing was intense. These feelings were augmented by the ever-present hateful and murderous fantasies toward parents, siblings, and peers that the child harbored; fantasies that made her feel all the more like a bad seed. Ms. C.'s early

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adolescent years, characterized by the final break-up of her parents' marriage, the problem of delaying menstruation, and a chaotic sexual experimentation in the context of confusing bisexual fantasies, increased and confirmed her feelings of guilt, shame, and worthlessness. Involving experiences of the greatest intensity, those years seemed to put an enduring stamp on my

patient's notion of herself as an abnormal and hateful person. It was no wonder then that the early adolescent period had been driven out of awareness and that its retrieval in analysis was a more difficult task than the recovery of later adolescence. While, as I have noted, the latter time was by no means an easy one, it did not bring to the fore conflicts that evoked as much self-loathing as did the earlier period.

In this case, the reconstruction of early adolescence was given strong assistance by the onset of the menopause, which, although coming at the opposite end of the reproductive cycle, nevertheless stimulated memories of the menarche and of the early adolescent years. I have noted that this has been true of other patients as well. Menopause is a time of life that has great evocative power; the bodily changes that take place at the time and their meanings, both conscious and unconscious, stimulate feelings and associated memories that are linked to earlier periods, particularly that of early adolescence. It is true, too, that for certain women, those who have had children in their middle to late thirties, the years in which they are approaching, or are actually in, menopause, coincide with the early adolescence of their children. Vicariously living through this period again via the experience of their own children also stimulates long-forgotten memories, and this situation adds to and enhances the unconscious stimulus to memory that accompanies the entrance into menopause.

For men, it is often when a man in his late 40s or 50s experiences disquieting physical limitations; the realization, for instance, that running the marathon or playing a couple of hours of full-court basketball is no longer possible for him that feelings in part linked with the frustrations and feelings of inadequacy characteristic of early adolescence arise.

Often surfacing at this time of life are feelings of anxiety based on threats to a needed self-image together with yearnings for greater strength, power, and sexual prowess; feelings familiar from a period in one's early teens when insecurities concerned one's body image and masculinity are pretty much the rule.

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For men, too, being the parent of a young teenager with a pimply face who is beginning to date or is struggling to win a place on the football team may evoke painful memories of their own insecurities and self-consciousness in early adolescence.

It is not rare, however, for actual memories of that time to remain repressed and undercover and for unconscious recollections to be expressed through action, often in a piece of surprising, and sometimes disruptive, behavior (Blum 1980). The so-called crises of middle age, often manifested by some romantic and sexual adventure, may be understood then, in part, as ways of seeking to cope, not only with current frustrations and fears but with the press of memories from a painful time of early adolescence that infiltrate and color the current self-representation, memories that lead to a diminished view of the self that, not infrequently, is fended off through enactment aimed at repairing that image.

Whether, in Ms. C.'s case, recovery of the troubled period would have been possible without the stimulus of the menopause remains a moot point. Certainly reconstruction of early adolescence is

never an easy task, and with a patient like Ms. C., who suffered much pain and trauma in those years, memories of them often lie deeply buried beneath the more accessible recollections of other periods of life, particularly ones of later adolescence when the intensity of sexual and romantic feelings experienced in those years help fix them in memory.

Another patient with whom I am working illustrates both the enduring influence that a negative self-representation stemming from the early adolescent period can have in the later years, and the tendency for patient and analyst to enter into a collusion whose unconscious purpose is to avoid unwelcome memories of this troubled time.

Ms. G. is a 30-year-old woman who sought treatment because of chronic, low-level feelings of depression. Although quite attractive now, as a young teenager Ms. G. was short, obese, physically awkward, and plagued by a stubborn case of acne. The image of herself as a repulsive-looking youngster is engraved in her memory, and for many months in treatment she could not bring herself to speak about experiences in her youth that were little short of traumatic.

“Those years scarred me for life,” Ms. G. said at one point, intuitively understanding the enduring impact that her early adolescent years have had on her.

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Slowly, however, Ms. G. has begun to talk about that most troubled period of her life. She has come in touch with the loathing that she felt for her overweight body, how she hated being short, and how her size and weight—and her extreme sensitivity to her appearance—contributed to her being teased and excluded from the elitist clique of girls whose acceptance she craved.

Feeling ugly, rejected, and very much a pariah in the small school which she attended, Ms. G. despised herself and regarded her situation as hopeless. The feelings of depression that she experienced in those years terrified her, and it is partly out of fear that this frightening depression would return that she has dreaded revisiting her early teen years. Current work with Ms. G. has also made clear that the despised self-image that plagued her in early adolescence functioned as needed punishment for frightening and unacceptable sexual feelings that arose at that time, feelings that, not infrequently, were directed toward older male teachers and guidance counselors.

A superego response of this kind to the sexual strivings and aggressive fantasies of early adolescence is not at all a rare occurrence. To combat and restrain such impulses and to obtain needed punishment for them, the young person's superego often takes on an increasingly harsh and inflexible quality. The rise in anorexia, self-mutilation, and suicidal behavior that occurs in the early adolescent years attests to the force with which the superego not infrequently operates at this time of life and, contrary to classical theory, suggests that the character of the superego is not finally shaped by oedipal events, but is significantly affected by the psychological experiences of adolescence, particularly its early stages.

As happened in Ms. G.'s case, the quality of the superego that develops in early adolescence not infrequently becomes a permanent feature of the personality, giving shape and stamp to an individual's character.

As we know, the modification in treatment of such well-entrenched structures is never an easy task, but this effort is significantly aided by the recognition, recovery, and reworking of the patient's responses in early adolescence to the upsurge of sexual impulses that occurs at that time.

Reconstruction of this kind proved to be important in my work with Ms. G. Raised in a religious home, Ms. G.'s savagely critical response to the strong sexual feelings that assailed her as a young teenager led to depressive symptoms, feelings of self-hatred, and repeated efforts to provoke criticism and punishment at the hands of others. To make any changes in these now internalized attitudes and beliefs, it was necessary for Ms. G. to reopen the

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painful time of early adolescence and come in touch not only with many of the conflicts and fantasies of that period but especially with her intensely punitive response to the strong sexual feelings that were aroused at that time, responses that were at the root of many of her symptoms and character traits.

The role that the analyst's own early adolescence plays in his or her ability, and willingness, to access and to work productively with this period in the lives of his patients is an aspect of countertransference that is little discussed (Pick 1988). This scotoma, I believe, reflects the tendency in analysts, as well as their patients, to bury and not deal with memories of those years. For many analysts, the wish to close the book on the awkward and painful period in their lives leads them, unconsciously, to collude with their patients' resistances and to avoid adequate exploration of the early teenage years.

It may happen, too, that specific memories of unhappy experiences in the analyst's early adolescence may block his understanding of similar experiences in the patient's life. Such was the case in my work with Ms. G.

At one point in the course of the analysis, I found myself becoming distracted and I had difficulty listening to all that she was saying. This problem developed, I believe, because of a connection that I made—initially unconscious—between certain events that Ms. G. was describing and a disappointing and painful experience in my youth: my bar mitzvah.

In one session, Ms. G. was talking about the difficulty of growing up in an orthodox family, and especially about the doubts and conflicts that she felt at the time of her bas mitzvah. As she described the inner struggles that she experienced then, I found myself becoming uneasy. My mind wandered, I began to muse about the day's events, and I managed to miss some of what Ms. G. was saying. Having no immediate explanation for this lapse, however, I put it out of mind and struggled to return to the task of attending to my patient.

Then, walking to my car that evening, on a side street I passed an old synagogue nestled between two large apartment buildings. I was halfway down the block when suddenly, unbidden, a memory surfaced: it is 10:30 on the Saturday morning of my bar mitzvah. A handful of family members are gathered in a dusty second-floor loft in the garment section of New York that serves as a schul for workers in the area. Because the rabbi is a friend of the family and we belong to no synagogue, this unlikely looking place has been chosen as the site of my bar mitzvah.

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The ceremony, which was to start promptly at 10:00 a.m., cannot begin because not enough men are present to form a minyan, the ten men needed to hold any service. Desperate, my father and uncle go down to the street, buttonhole any passing male who looks Jewish and, promising him wine and sponge cake after the ceremony, try to entice him into coming upstairs to attend my bar mitzvah. Painful and embarrassing, this is not a memory that I have thought about in close to 50 years. In my mind, it stood for much that transpired in my family in those years and it was, I realized, my effort to keep it under cover that had caused me to attempt to distance myself from Ms. G.'s account of her own unhappy bas mitzvah experience.

My recollection of the Irwin Shaw short story that I cited previously was also related to certain conflicts of mine that were reactivated by analytic work with Mr. L., a man of about my own age, who in midlife was undergoing a crisis of confidence. In part this symptom was precipitated by the movement into adolescence of Mr. L.'s youngest son, a change that stimulated in his father not only acute consciousness of the passing of time and despair over his perceived lack of achievement but the upsurge of memories of his early adolescent years, in which feelings of inadequacy and failure played a major part.

As I listened to Mr. L., his memories stirred resonant ones in myself and, like him, I came in touch with certain troubling recollections. Images of myself as a young teenager, quite lacking in confidence and more than a bit of a grind, appeared like uninvited ghosts. I also recalled my ambition, thoroughly dashed, to be a star athlete, a wide receiver with the magical hands of my idol, Don Hutson, the all-pro end for the Green Bay Packers, whose acrobatic catches were replayed nightly in my dreams. Following a session with my patient during which, with much sadness, he compared the successes he had achieved in the army with his mediocre record in civilian life, I found myself recalling the Irwin Shaw story. That night I reread it, and, as I did, a memory of a special moment in my life arose in my mind.

This memory related to my days as a second-string end on our high school football team. As a mere scrub, most of the time I was relegated to watching the action from the bench, getting into a game—usually when it was hopelessly lost—for three or four plays at most. But one day the starting end went down with an injury and, desperate for bodies, the coach put me in. Pretty much ignored by the other team's defense as no threat at all, on one pass play I found myself free some 40 yards downfield and started waving my arms.

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The quarterback spotted me and tossed a high, arching pass in my direction. Terrified as the defenders closed in, I watched the flight of the ball, convinced that if I caught it, I would surely end up in the local orthopedic ward. Nevertheless, I grabbed the ball as it descended and hung on as I was smashed to the ground.

As it happened, that catch set up the winning score for our team. That was my 80-yard run. I recalled it at a time in my life when, like Shaw's character, I was experiencing feelings of discontent and unhappiness, and, like that character, I clutched at this precious memory just as I had clutched at that descending football.

I want briefly to describe two other cases that illustrate both the importance of early adolescence and the impact that it can have on the personality in subsequent years.

Nancy was 19 and in much trouble when I first met her. Although a highly intelligent person and a gifted student, she was on the verge of flunking out of the second college in which she had enrolled. At the first, several hundred miles from her home, she had barely lasted a semester before extreme unhappiness, due mostly to loneliness and a profound sense of isolation, had caused her to drop out. At the second school, similar feelings were developing. Often on the verge of tears and feeling despair, Nancy spent hours watching soap operas on TV or listening to rock music. She missed classes, did few assignments, and was regularly late with those she did complete.

Nancy's problems began at birth. A small and fragile infant, she also suffered from a medical condition that, although not life-threatening, required constant monitoring. Partly for this reason and partly because she was an anxious person who expected calamities of one kind or another to decimate her family, Nancy's mother kept the child extremely close to her and fretted continually about her health. Nancy became a quiet, well-behaved child, pretty and intelligent, who never strayed far from her anxious mother. Separation problems began early, and at age 4, when she was to be enrolled in nursery school, her distress was such that she had to be taken home.

Although Nancy admired and loved her father, her anxiety over losing her mother was such that her oedipal struggle, at least on the surface, was a muted one. She made sure never to antagonize her mother and whatever feelings of aggression or rivalry that she experienced toward this parent were kept under wraps.

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Nancy's latency years were characterized by her appearing to be a model child. She did extremely well in school, was well liked by peers, and seemed at all times to be even-tempered. In fact, she was content and happy as long as she remained in the cocoon of her family.

When problems began early in adolescence, they struck with fury. In the face of threatening pubertal changes and the increased need to separate from her mother, Nancy became agitated and dysphoric and began to act out. A heavy marijuana user, she also became sexually promiscuous, had several pregnancy scares, and contracted a venereal disease which she initially ignored and then insisted be treated in secret by a local physician. This illness reinforced Nancy's view of

herself as defective, an idea that already had its roots in Nancy's medical condition. In an effort to combat this disparaged self-image, Nancy resorted to further acting out, behavior that she experienced as adventurous and that temporarily enhanced her self-esteem.

Initially at college Nancy had few friends, avoided staying on campus, and whenever she could returned home. When this was not possible, she talked at length to her mother by phone. Once she developed an attachment to me, she also began to call me several times a day.

In the face of this situation, I thought it necessary to interpret actively whatever I could understand of Nancy's conflicts. Her acting out was such, however, that it was often difficult to grasp just what forces were propelling Nancy's behavior, and even when I was able to offer a potentially useful insight Nancy's usual response was to dismiss it and to insist that her actions were simply part of a long overdue need to experience life. The key to deciphering Nancy's symptoms, as it turned out—and the work that ultimately was most meaningful to her—lay in analyzing the tumultuous conflicts of her early adolescent years, a period to which now, under the stress of separation from her family and the anxiety generated by having to manage highly conflictual sexual impulses on her own, she had regressed.

Filled with pain, anxiety, and confusion, this time had been put out of mind. As a young teenager, Nancy had developed a symptom that threatened her with serious consequences. She was a compulsive shoplifter, stealing articles of clothing from a number of department stores. Caught on several occasions and threatened with prosecution, she would pledge to reform only to resume her habit within a couple of weeks. In addition, for a rather lengthy period of time, Nancy experimented with dangerous drugs, became involved in a club run by young hoodlums, and acted indiscriminately on her sexual

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feelings. Behind these troubling symptoms lay conflicts involving homosexuality, intense sibling rivalry, and, most importantly, difficulty in achieving psychological separation from her mother. This last conflict had never achieved satisfactory resolution, and, in early adolescence, reached a point of crisis, with flagrant symptoms masking the underlying problem.

Much of my work with Nancy centered on our understanding the way that her current frenetic behavior screened out and protected her from recognizing and experiencing the crippling anxiety that had erupted in early adolescence, a symptom that had never been resolved. Having its roots in early childhood, the core of this anxiety lay in Nancy's dread of separating from her mother. In her mind such separation, which she also craved and sought, exposed her to perils that in fantasy were life-threatening. Clearly embedded in this fantasy were ideas of twinship and fusion with the mother, as well as murderous impulses that, in part, were rooted in the previously concealed oedipal rivalry. For many years, as long as she remained close to her mother, Nancy was asymptomatic, but when early adolescence arrived, and with it a push to separate along with the challenge of developing closer relations with peers and establishing a firm sexual identity, the girl became terrified. With a kind of desperation not atypical of this period of life, she then resorted to unthinking, counterphobic behavior. The same struggle, as well as the same solutions to it, had developed in college as Nancy now faced a second separation crisis.

Largely through the transference, but also outside of it, Nancy gradually began to face her longstanding fears and, most importantly, the fantasies that fueled them. As she did so, recovering, reexamining, and reworking the terrors that erupted in early adolescence, her symptoms subsided. A naturally bright student, Nancy was then able to apply herself to her studies, achieve superior results, and, with growing confidence, begin to face the challenges appropriate to the later adolescent years.

As my final example I want to cite a case that illustrates a special problem of early adolescence, one that has far-reaching impact on an individual's further development. This situation concerns the loss of a parent in early adolescence.

When I first met Wally, he was 17 and a senior in high school. Tall, good-looking, brash, and seemingly self-confident, he appeared much older than his actual age. This impression was enhanced when Wally began our first interview by regaling me with tales of his achievements.

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Already a ladies' man, he frequented the most "in" night spots in Manhattan where he met—and sometimes slept with—women in their twenties and older. Quite sophisticated in the field of audio technology, he had already set up his own recording studio and was, as he lost no time telling me, a gifted and promising performer.

As it turned out, however, there was a good deal more to this story—and what that was added up to big trouble. Wally had difficulty relating to his father, had no real girlfriend, and could not get along with peers. In fact, he had been urged to see a therapist by the school authorities because for the third time that year he had gotten into a fight with a classmate and had narrowly escaped serious injury. Wally said nothing at all about his mother in our first interview and unless I had inquired would not then, or for months thereafter, have said anything about her.

Wally's mother had been killed in an auto accident when the boy was 11. When he went to bed at night, he had a mother with whom he had an extremely intense, if highly ambivalent, relationship. When he awoke in the morning, she was gone. His greatest fear had come true.

Wally's response to this tragedy was to utilize whatever emergency defenses he could summon up. For an 11-year-old, the range of such protections is not great. The walling off of feelings, the immediate suppression of affect, and its ultimate repression and isolation from conscious thought and from other affects are the defensive operations most often employed. Wally was no exception. For months, and even years, he felt little other than a kind of numbness. Outwardly he showed few signs of grief, sadness, or loss. He seemed to accept what had happened and was often complimented for his mature and realistic attitude. Behind this façade lay a world of private thoughts and feelings that Wally conveyed to no one and with which he was only sporadically in touch himself. Wally could not absorb the fact that his mother was actually dead. For him she was alive, away on business or vacation perhaps, but very much alive. Only gradually, over a long period of time, could he accept the reality of her loss and then only partially. Even years later, Wally would have the momentary thought that a woman standing at a bus stop might be his mother or that she was at home waiting for him. What I want to stress in

this example is how the profound effects of the loss of a parent in early adolescence, effects that influence almost every facet of the personality, can be concealed behind a massive wall of character armor that regularly builds

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up and that makes access to the feelings and fantasies that accompanied the original loss extremely difficult to approach.

I have had personal experience with this kind of situation and in retrospect I am amazed at how dense I was about it. My nephew, T., was 13 when his father died suddenly. A shy, rather self-conscious boy, T. depended a great deal on his father, so that everyone in the family expected that he would have a very hard time coping with this sudden and unexpected loss. We anticipated a good deal of withdrawal and depression. When this did not happen, everyone was delighted. Most of the time T. seemed pretty much his old self. He threw himself into his schoolwork, continued to do well, and showed none of the learning problems that we also suspected might develop. T. revealed no sign of depression and his only notable reaction was a somewhat greater fearfulness about going far from home. In our family, we all said how well T. was doing and we were relieved that he did not seem to want or need therapy.

It took six or seven years for the effects of this trauma to break through. Then T. went through a crisis of confidence, became seriously depressed, and felt generally lost and confused. It took much time and help for him to right himself and to realize that crucially important reactions to his father's death had gone underground. T. was too young, too vulnerable, too frightened to deal with them at the time. It was only when he was older, had had some successes in life, and had begun to separate from his mother that it became possible for him to confront his loss and the enormous impact that it had had on the young and fragile adolescent that he had been.

Wally's situation was similar. I followed him on and off for more than 10 years, until he was in his late 20s, and had much evidence of the strength of his armor. When he came for treatment, and for some time thereafter, Wally had no understanding of the way his relations with women—or with men for that matter—had been affected by the loss of his mother.

In large measure, our work together involved the slow mastery of the devastating effects on Wally of the trauma that he had experienced, effects that caused him to have a fixed representation of himself as a young adolescent, to struggle with enormous feelings of guilt, and to have an abiding fear of any close human relationship. In his mind, all such relationships ran the risk of unbearable loss. Wally was able to gain mastery over the fears that haunted him, in part through testing and living them out in his relationship

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with me and in part through his interaction with others. Particularly important in this regard were the many women with whom he became involved.

Wally regularly sought out women 5 to 10 years older than himself. In doing so, he was clearly seeking to revive the intense, if frightening, relationship with the mother of his childhood years. Wally's mother was a flamboyant, if erratic, personality who gratified the boy's every wish and made him her constant companion. Wally was totally dependent on her, but also overwhelmed by her, and he both welcomed and dreaded her persistent intrusions into his life. Her loss served to emblazon the early image of his mother on Wally's mind, and he both sought and found her in all his relationships with women. As a consequence, he was unable to sustain an intimate relationship with a woman, older or younger. He could not tolerate anyone moving in on him either physically or emotionally, which made living with a woman for any length of time intolerable.

There were also deeper anxieties about sexual intimacy related to his close physical ties to his mother which only gradually surfaced in analysis. These fears interdigitated with Wally's fears of trusting women and allowing himself to become vulnerable once again by having a need for someone who could ultimately deceive and abandon him. Together these fears led to a kind of "hit and run" approach to women. Wally would get involved, stay a while, and then flee. He always kept a safe distance. At the same time, he yearned for a satisfying relationship with a woman, a goal that, until he could put himself in touch with the experience of loss in early adolescence, eluded him.

It was not possible, in other words, for Wally to have an enduring relationship with a woman until he could permit himself to mourn the loss of his mother. For many years this was not possible for him. The pain of mourning, great in itself, is not easily distinguishable from depression, and for Wally feelings of depression, carrying with them the threat that he would be overwhelmed by sadness and rendered nonfunctional, were intolerable to him.

It took the development of a more stable, and less fragile, self-representation for Wally to bear such feelings. This change in his view of himself was the product of several interweaving factors: Wally's recognition and revision of the fantasy of himself as a vulnerable teenager, a self-representation that had become fixed by the trauma of his mother's death; the engagement and working through of his fury at his mother for leaving him and his father for not protecting her, along with his fear of retaliation for such rage; and ongoing processes of internalization of aspects of his analyst and other important male figures.

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This last factor related to Wally's effort to find a solution to the conflictual, and often frustrating, relationship that he had with his father. This problem was a longstanding one. For many years father and son had been active rivals for the affections of Wally's mother, and Wally resented both his father's possessiveness and his tendency to put the boy down. Now, however, his father was the only remaining parent that Wally had. Wanting very much to seek comfort from him, Wally's pride and his fear of further loss did not allow him to do so. In addition, Wally was very much afraid of his homosexual feelings. Although he yearned for the comfort of touch and for a soothing hand to ease his tension, to turn to a man for such a response was terrifying. As a result, Wally kept his distance from his father, making contact mostly through intermittent skirmishing.

As a substitute for the good father whom he did not have, and in part to dilute the growing—and threatening—attachment to me, Wally formed relationships with mentors who took him under their wings. There was a series of such men in his life, each relationship lasting for a year or two. These men taught Wally a good deal, and for a time he idealized them. Inevitably, however, these relationships came to an end. Wally could not sustain them. His competitiveness, as well as his fears of passivity and homosexuality, eventually caused Wally to act provocatively, and behavior of this kind led to the rupture of the relationship.

By means of those relationships, I believe, Wally was expressing his wish for the sustaining father with whom he was fiercely competitive. As I have noted, Wally's rivalry with his father was unusually intense, the oedipal competition being strongly stimulated not only by his mother's doting attention to the boy but by her indicating to him in word and deed that she preferred him to his father. Wally could not tolerate losing to his father in games they played or in any other competition, and if he was defeated he would immediately seek, by one means or another, to overturn the results.

Although there were hints of Wally's competitiveness in the transference, most of the time he kept his rivalrous feelings under wraps. Needing me and wanting my approval, he could not risk a breach in our relationship. To avoid such a disruption, and the threat of losing our relationship, for several years Wally played out the conflict I have described with other men. These were the mentors with whom he became involved for a period of time and then dropped.

Consistent interpretation of these displacements and of the underlying affects and fantasies that fueled them, together with Wally repeatedly testing

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and being reassured of my reliability and tolerance for signs of aggression and rivalry, made it possible for him to risk revealing these feelings to me. Wally's ability to finally engage these issues in the transference was instrumental in helping him deal, not only with the longstanding conflicts that had kept him emotionally removed from, and wary of, his father but with the deep-seated feelings of guilt that contributed so significantly to Wally's self-defeating behavior.

This behavior often took the form of his entering into relationships—typically with older women—that had no chance of success or that, in his provocative manner, Wally managed to wreck. Such failures were often accompanied by a profound sense of loss, and it became clear that, through them, Wally was unconsciously seeking to relive and to master the pain and the grief that he experienced at the loss of his mother.

In the transference, Wally had little difficulty experiencing me as the father whom he wished to be close to but had to battle, but it took many months before he could begin to experience me as the quixotic mother of childhood. This development took place gradually as Wally's feelings of dependency on me grew. These feelings evoked much anxiety in him and a wish to distance himself from me, the kind of ambivalent reaction that characterized Wally's struggle over his dependency on his mother. Interpretation of the maternal transference along with understanding the way in which, in his relations with women, he was seeking to relive aspects of his

relationship with his mother, were important steps to Wally's beginning to confront the impact on him of the loss of that he had suffered.

It took many years for Wally to understand, and to come to better terms with, the mother of his early years and the effect that she had on him, both in life and in death. A vital part of Wally when she was alive, she lived on in him in critically important ways long after she was gone.

To grow and to begin to alter the fixed idea of himself as a young adolescent that was at the root of much of his difficulties, it was necessary for Wally to give up his fierce and tenacious tie to his mother through the slow and painful process of mourning that I mentioned earlier. His excitement at being with his mother, his romantic and sexual feelings towards her, his fear of her power, his need for autonomy, and, ultimately, his dread of losing her, were played out time and again, both within and outside of the transference.

In this situation—and I believe it to be true in general of the treatment of adolescents—working with the extra-analytic transferences, that is, the intense

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transferences that develop in adolescents towards figures in their worlds—teachers, mentors, buddies, girlfriends, and the like—is just as important as working directly in the transference proper (Freud 1958). In fact, at times it is the only route that is tolerable to our young patients. Too rapid or direct interpretation of the youngster's experiences of the analyst, as important as this is, can prove highly disruptive and may even lead to the breaking off of treatment. Initially, in his relationships, Wally had to control the experience of loss by always being the one to leave. This was true in analysis as well. He wanted to call all the shots. Slowly in the course of treatment this changed, and Wally gradually permitted himself to be in situations in which he might be left. This shift suggested that an important change had taken place in him. It signified that the loss of his mother had been worked through enough so that it no longer acted, intrapsychically, as an acute trauma. Wally finally knew that he could, if necessary, withstand the pain of fresh loss without it destroying him.

Mourning, however, was not the only experience of importance in the process of working through. To move forward in life, Wally had to confront the hostility he felt towards his mother, his wishes to get rid of her, the impact that these fantasies had on him when she actually died. The legacy of guilt and blame that, for years, Wally carried around had to surface and be worked through in and out of the transference, as did the convictions that the loss of his mother marked him not only as different from other youngsters, but as an inferior and unworthy person.

Loss of a parent any time in adolescence is a trauma that takes many years, perhaps decades, to begin to heal. Because of the particular vulnerability of the self-image in early adolescence, a vulnerability due to the rapid physical changes that characterize that period, to the age-related immaturities in thinking of that time, and to the chaotic sexual impulses that beset youngsters of this age, loss of a parent in early adolescence has a particularly traumatic and enduring affect. The consequences of such a loss are inevitably widespread, and the impact on future personality development profound. Rigidities of character and tenacious defenses that protect against

reexperiencing the original fright and pain are the rule. Relationships with others, especially those whom the young person believes he may need, are approached warily, if at all. This includes the therapist who, for years, may be kept at arms length. If,

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however, he is willing to persevere, if he can allow himself to be tested and retested, and if, gradually, he can earn his patient's trust, it may be possible for him to help that person reopen the deep wound of early adolescence, explore its reverberations, and, ultimately, establish the conditions within himself for better healing.

Conclusion

In this paper, I have discussed the impact of early adolescence on both males and females. Material of this kind raises the interesting question as to whether significant differences exist between the sexes both in the experience of early adolescence and its effect on symptom formation and the developing personality.

While further research is needed to clarify this question, my own impression in this regard is that, for girls, early adolescence is a more complex, and more difficult, period to traverse, one that, more frequently than in boys, gives rise both to distressing symptoms and to enduring—and negative—effects on the self-image.

The facts of menstruation, breast development, changes in the shape of the body and its fat distribution that occur in puberty often raise fundamental issues for the girl: among these are conflicts concerning her acceptance of her gender; comparisons and rivalries with peers who are developing at the same time; and, not infrequently, disheartening measurements of the self against a subjectively, and culturally, determined ideal of beauty.

While the boy is also concerned about his body, his size, especially the size of his genitals, generally speaking such concerns may play a smaller role in, and have less impact on, his psyche than is the case with girls, who are more likely to develop a negative body image at this time. More actively revived, too, in young teenage girls are old fears of separation from mother. This centrally important anxiety contributes in significant ways to the anxieties, the symptoms that, not uncommonly, develop in early adolescence. Sparked by the developmental requirement that girls make an intrapsychic, as well as actual, shift away from the mother at this time, this change both in the girl's mental representations of the mother and her perception of their relationship acts as a threatened loss to some youngsters, particularly those, like Nancy, whose attachment to the mother in early childhood was, fundamentally, an insecure one. It is these girls who are most at risk for developing

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the eating disorders, depression, sexual promiscuity, and self-punitive behavior that is found with some regularity in this age group.

In summary, in this paper I have cited four clinical examples to illustrate both the importance of early adolescence in character development and the ease with which, in treatment, this period can be overlooked.

The first case involved a woman whose memories of a painful early adolescence surfaced only during the menopause, a phase of life that evoked affects and fantasies associated with her menarche and the troubling psychological experiences that went with it. The second patient, an attractive 30-year-old woman, suffered from depression that, in part, was related to an enduring negative image of herself that had its roots in early adolescence. The third patient, a young college student, utilized acting out and the creation of crises in her life to keep out awareness both memories of her troubled early teen years and the fact that certain conflicts relating to that period remained unresolved. The fourth case illustrated a special problem, that of the loss of a parent in early adolescence and its enduring affects on a young man's ability to live and to love.

For each of these patients the early teen period was a time of particular stress and its effect on the developing adolescent correspondingly strong. While other patients traverse these years with varying degrees of difficulty, this passage is never an easy one. A time of life that brings together surging biological forces and shifting psychological ones in unique combinations, early adolescence cannot fail to exert enduring effects on the personality, and, most particularly, on the self-representation.

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